WASTE MANIFEST C.A.D.O.B.6.5.1.0.0.0.5 B Document No.			e Manifest Docum	ent Numi	by Federal law. ber						
3. Generator's Name and Mailing Address to Donne II Douglas Aircraft Co. 19503 S. Normandie Avenue Forrance, CA 90502 4. Generator's Phone (13) 533-6677 K. L. Anderson 722 M/S C6-10 5. Transporter 1 Company Name 6. US EPA ID Number 011 & Solvent Process Co. (.A.D.O.O.B.B.O.2.B.O.B. 7. Transporter 2 Company Name 8. US EPA ID Number		89479003 B. State Generator's ID H.A.H.Q.3.6.0.0.5.6.9.8 C. State Transporter's ID 010983 D. Transporter's Phone (818)344-5117 E. State Transporter's ID									
							111		sporter's Phone te Facility's ID		
						9. Designated Facility Name and Site Address 311 & Solvent Process Co. 1704 Process Co.		CIADOUSISIOPUSISIOPUSISION (818)334-5117			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	No.	Туре	Quantity	Wt/Vol							
3" Waste 111 Trichloroethane, ORM-A, UN-2851 002), (D.O.T. E-7476)	<u> </u>	11.0	<u>) 1 8 8 5</u>	G	211 EPA/Other F002						
V					State						
	1.1		⁸ -1-1-1-1		EPA/Other						
c .					State EPA/Other						
	11		1111		State						
d.					हPA/Other						
	111	IV Us	I I I I	Vootoe I							
J. Additional Descriptions for Materials Listed Above		a.	Λ.	b.							
Mc Frichloroethane 70-100 % Di ater, Dirt, Resins, Inert Solids 0-30 %		C.		d.							
15. Special Handling Instructions and Additional Information			15.	800	€ B S ·						
Gloves, Gogoles, & Respirator.	ILE #£2			A COLUMN TO SERVICE STATE OF THE SERVICE STATE OF T	yo'i						
Avoid contact with skin & eyes	ER 5032 TE	14	13845	911	5 40 M						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment ar and are classified, packed, marked, and labeled, and are in all respects in proper condition in	re fully and a	ccurately	described above	by prop	er shipping name e international an						
national government regulations.	ne and toxici	v of was	te generated to th	e deare	e I have determin						
to be economically practicable and that I have selected the practicable method of freatment	, storage, or generator, I I										
generation and select the best waste management method that is available to me and that I Printed/Typed Name Signature	can anoru.		- Ap :	\$ 100	Month Day						
Kris L. Anderson Agent for M.D.A.C.	2	<u></u>			<u> 01-31 11 01 9</u>						
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature			-		Month Day						
DUDY T- LUEPA L	<u> </u>	7	Z-		10419						
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature	$-O_N$		- 10 m		Month Day						
No. of the second secon	7.0			e de la companya de l	1111						
19. Discrepancy Indication Space											
		pt as not	ed in Item 19.	n e	20						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this m.	anifest exce	ACTION AND AND ACTION ACTION AND ACTION ACTI									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this m. Printed Typed Name Signature Signature	Anifest exce	الد	(l)	9.000	Month Day						

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91) Please print or type. (Form designed for use on elite (12-pitch typewriter). 1. Generator's US EPA ID No. **UNIFORM HAZARDOUS** WASTE MANIFEST 3 Generator's Name and Mailing Address of Colonne i Douglas Afroraft 9503 5. Normandie Avenue orrance, CA 90502 Torrance, CA 4. Generator's Phone 213) 533-6677 K. L. Anderson 722 M/S C6-10 5. Transporter 1 Company Name WITHIN CALIFORNIA CALL 1-800-852-7550 Jil & Solvent Process Co. 7. Transporter 2 Company Name 9. Designated Facility Name and Site Address Dil & Solvent Process Co. Street 1st. Azusa Ca. 91702 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

G E N

R A T O

ISE CENTER 1-800-424-8802;

SPILL, CALL THE NATIONAL

EMERGENCY OR

¥

9

CASE

b.

C.

d.

A-Q-Q-Q-6-5-1-Q-Q-Q

2. Page 1 of

Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number 894

B. State Generator's ID

н.а.н.р.э.б.

C. State Transporter's ID 010983

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

10

0.0.8.8.0.2.9.0

US EPA ID Number

US EPA ID Number

US EPA ID Number

G. State Facility's ID

No.

Type

C.

Manifest

Document No

H. Facility's Phone

C.A.D.O.O.B.B.O.2.B.O.B

(818)3<u>34</u> 12 Containers 13. Total

Quantity

Waste No

8)344-5117

RQ", Waste, 111 Trichloroethane, ORM-A, UN-2831, F002), (D.O.T. E-7476)

State EPA/Other F002

Linit

Wt/Vol

State EPA/Other

State

EPA/Other

EPA/Other

J. Additional Descriptions for Materials Listed Above

Waste Trichloroethane Dil, Water, Dirt, Resins, Inert Solids

K. Handling Codes for Wastes Listed Above b.

15. Special Handling Instructions and Additional Information

Guide # 55. Use Apropriate Gloves, Goggles, & Respirator. Avoid contact with skin & eyes

PROFILE #F28916

HAULER 503214

65

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Year Day Month

ris L. Anderson Agent for M.D.A.(17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature LOEPA

Dav Year Month

UNY 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Month

Day Year

DHS 8022 A (1/88) EPA 8700-22

(Rev. 9-88) Previous editions are obsolete

Do Not Write Below This Line

YELLOW: GENERATOR RETAINS